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|---|---|------------------------|-------------|----------------------|------------------|-------------------|--|--------------------|---------------|-------------|--|----------------|---------------|---------------|---------------|
| 9010/PTO Rev. 6/95 <div style="text-align: right; font-size: small;">U.S. Department of Commerce Patent and Trademark Office</div> <div style="text-align: center; padding: 10px;"> COMBINED DECLARATION (37 CFR 1.63) AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION </div> <div style="font-size: small; padding-top: 10px;"> <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing </div> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Attorney Docket Number</td> <td>20423-08314</td> </tr> <tr> <td>First Named Inventor</td> <td>William E. Sobel</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: x-small;">COMPLETE IF KNOWN</td> </tr> <tr> <td>Application Number</td> <td>not yet known</td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>Group Art Unit</td> <td>not yet known</td> </tr> <tr> <td>Examiner Name</td> <td>not yet known</td> </tr> </table> | Attorney Docket Number | 20423-08314 | First Named Inventor | William E. Sobel | COMPLETE IF KNOWN | | Application Number | not yet known | Filing Date | | Group Art Unit | not yet known | Examiner Name | not yet known |
| Attorney Docket Number | 20423-08314 | | | | | | | | | | | | | | |
| First Named Inventor | William E. Sobel | | | | | | | | | | | | | | |
| COMPLETE IF KNOWN | | | | | | | | | | | | | | | |
| Application Number | not yet known | | | | | | | | | | | | | | |
| Filing Date | | | | | | | | | | | | | | | |
| Group Art Unit | not yet known | | | | | | | | | | | | | | |
| Examiner Name | not yet known | | | | | | | | | | | | | | |

As a below named inventor, I hereby declare that:
 My residence, mailing address, and citizenship are as stated below next to my name.
 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM STATE ROLLBACK AFTER MODIFICATION FAILURE

the specification of which (Title of the Invention)

☒ is attached hereto
 OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations. § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | Not Claimed | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | |
|-----------------------|--------------------------|---|
| | | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental sheet attached hereto. |

| DECLARATION | | | Page 2 |
|---|-------------------|---------------------------------|--------------------------------------|
| I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. | | | |
| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
| | | | |
| <input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto. | | | |

| | | | |
|--|---|---|---|
| As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: | | | |
| Name Edward J. Radlo Brian M. Hoffman | Registration Number 26,793 39,713 | Name Michael Schallop Jeffrey Brill | Registration Number 44,319 51,198 |
| <input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto. | | | |
| Please direct all correspondence to: Jeffrey Brill Fenwick & West LLP Silicon Valley Center 801 California Street Mountain View, CA 94041 U.S.A. | | | |
| Telephone | (650) 335-7291 | Fax | (650) 938-5200 |

| | | | | | | | |
|---|-------------------------|----------------|---|-------------|--------|-------------|--------|
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | |
| Name of Sole or First Inventor: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
| Given Name | WILLIAM | Middle Initial | E. | Family Name | SOBEL | Suffix | |
| Inventor's Signature | <i>William E. Sobel</i> | | | | Date | 2-6-2004 | |
| Residence: City | Stevenson Ranch | State | CA | Country | U.S.A. | Citizenship | U.S.A. |
| Mailing Address | 26830 West Wyatt Lane | | | | | | |
| Mailing Address | | | | | | | |
| City | Stevenson Ranch | State | CA | Zip | 91381 | Country | U.S.A. |
| <input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto | | | | | | | |